

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5802



October 9, 1984

ALL-COUNTY INFORMATION NOTICE I- 91-84

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT, FY 1984/85

REFERENCE:

The Department of Social Services is transmitting the FY 1984/85 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed as soon as cost-of-living information is available, and returned to the County Administrative Expense Control Bureau.

Unlike the prior two fiscal years which prohibited the allocation of any percentage increases for personal and non-personal services, the Budget Act of 1984 does allow up to a maximum of 3 percent cost-of-living adjustment. Therefore, the FY 1984/85 allocation of county administrative funds for AFDC, NAFS, and Medi-Cal will be updated accordingly upon receipt of this statement.

The attached statement requires information for the current and prior fiscal year. For FY 1983/84, we are asking for the actual rate of benefits paid in a variety of categories. For FY 1984/85, we are requesting the cost-of-living salary increases granted by the Board of Supervisors, and the computation of the estimated benefit rate. An instruction sheet is attached to facilitate completion of the form.

If you have any questions, please contact John Schwander of the County Administrative Expense Control Bureau at (916) 322-5802.

A handwritten signature in cursive script that reads 'Robert T. Sertich'.

ROBERT T. SERTICH
Deputy Director
Administration

Attachment

cc: CWDA

INSTRUCTIONS FOR COMPLETION OF THE CWD SALARY AND
BENEFIT STATEMENT (DFA 442) - FISCAL YEAR 1984/85

Supply data in Section I and II in decimal fraction amounts carried out two places (Example: 6.67%). If there is an item that is not applicable, enter "N/A." Please provide detailed back-up information on the data submitted to facilitate verification, if needed.

NOTE: IF THE EFFECTIVE DATES OF SALARY AND/OR BENEFIT INCREASES DO NOT START ON JULY 1, DO NOT PRORATE ANY FIGURES TO REFLECT WHAT THESE INCREASES WOULD BE IF ON STATE FISCAL YEAR CYCLE. THIS WILL BE DONE BY SDSS.

Section I: FY 1983/84 and FY 1984/85 Average Benefits Paid by County

Column 1 equals FY 1983/84 Total Paid Contributions ÷ FY 1983/84 Salaries.

Column 2 equals Projected FY 1984/85 Total Paid Contributions ÷ Projected FY 1984/85 Salaries.

Column 3 equals Net Benefit Rate Difference or Column 2 minus Column 1. Total rate, Item g must equal the sum of Items a through f.

Column 4 is the effective date of FY 1983/84 benefits.

Column 5 is the effective date of FY 1984/85 benefits.

Section II: FY 1984/85 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

Column 1 is the salary increase amount granted by the County Board of Supervisors. (Note: If a given salary pool (e.g., clerical) had different cost-of-livings granted within that pool, use a weighted average for that classification).

Column 2 is the effective date of FY 1984/85 salary increases.

Section III: Provide Explanation of any Changes that Would Affect any Cost Category Individually or in Total, Such as a Change in the Number of Workweek Hours.

CWD SALARY AND BENEFIT STATEMENT - FISCAL YEAR 1984/85

County _____

Contact _____

Title _____

Telephone _____

I. FY 1983/84 and FY 1984/85 Average Benefits Paid by County

BENEFITS CONTRIBUTION	AVERAGE CWD RATE			EFFECTIVE DATE	
	(1) FY 1983/84	(2) FY 1984/85	(3) NET RATE (Col. 2 - 1)	(4) FY 1983/84	(5) FY 1984/85
a. OASDI	_____ %	_____ %	_____ %	____/____/____	____/____/____
b. Retirement	_____ %	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance	_____ %	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance	_____ %	_____ %	_____ %	____/____/____	____/____/____
e. State Compensation	_____ %	_____ %	_____ %	____/____/____	____/____/____
f. Other: (specify)					
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
g. TOTAL RATE	_____ %	_____ %	_____ %	____/____/____	____/____/____

II. FY 1984/85 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

COST OF LIVING	(1) PERCENTAGE GRANTED FY 84/85	(2) EFFECTIVE DATE
a. Eligibility and Nonservices	_____ %	____/____/____
b. Clerical Support	_____ %	____/____/____
c. Administrative Support	_____ %	____/____/____
d. Fraud Investigators	_____ %	____/____/____
e. Social Services	_____ %	____/____/____

RETURN TO:

County Administrative Expense Control
Department of Social Services
744 P Street, Mail Station 8-200
Sacramento, California 95814

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- III. Provide explanation of any changes within the county that would affect any cost category individually or in total, such as change in the number of workweek hours.

I hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1984/85.

DATE

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR

